*	-		2000 10 1000	
nitial Application Date:	1	-06-	901	8

Application # _	18500444360	
		_

Application #
COUNTY OF HARNETT RESIDENTIAL LAND USE APPLICATION Central Permitting 108 E. Front Street, Lillington, NC 27546 Phone: (910) 893-7525 ext: 2 Fax: (910) 893-2793 wave barnett erg/permits
www.harnett.org/permits
"A RECORDED SURVEY MAP, RECORDED DEED (OR OFFER TO PURCHASE) & SITE PLAN ARE REQUIRED WHEN SUBMITTING A LAND USE APPLICATION"
LANDOWNER: Melissa Bordeaux Pagemailing Address: 130 Thomas Dickens Road
city: L'Illington state: NC zipa7546 contact No: 910-890-4122 Email: Meter woman & gmailcon
APPLICANT*: SAME Mailing Address:
City: State: Zip: Contact No: Email: *Please fill out applicant information if different than landowner
CONTACT NAME APPLYING IN OFFICE: MeliSSA Bordeaux Page Phone # 910-890-4122
PROPERTY LOCATION: Subdivision: (p. 1 ACRES DW MC18an Lot #: Lot Size: (p. 15
State Road # 1291 State Road Name: Old US 421 Map Book & Page 2935/0872
Parcel: 130620 0013
Zoning: RA30 Flood Zone: X Watershed WS-IV Deed Book & Page A925 / 0872 Power Company*: Duke Progress
*New structures with Progress Energy as service provider need to supply premise number from Progress Energy.
PROPOSED USE: 1989 Duelling
9
SFD: (Sizex) # Bedrooms: # Baths: Basement(w/wo bath): Garage: Deck: Crawl Space: Slab: Sla
Mod: (Sizex) # Bedrooms # Baths Basement (w/wo bath) Garage: Site Built Deck: On Frame Off Frame (Is the second floor finished? () yes () no Any other site built additions? () yes () no
Manufactured Home:SWDWTW (Sizex) # Bedrooms: Garage:(site built?) Deck:(site built?)
Duplex: (Sizex) No. Buildings: No. Bedrooms Per Unit:
Home Occupation: # Rooms: Use: Hours of Operation: #Employees: #Employees:
Addition/Accessory/Other; (Size $\frac{\partial U_x 30}{\partial U_x 30}$) Use: Graque Closets in addition? () yes () no
Water Supply: County Existing Well New Well (# of dwellings using well) *Must have operable water before final
Sewage Supply: New Septic Tank (Complete Checklist) Existing Septic Tank (Complete Checklist) County Sewer
Does owner of this tract of land, own land that contains a manufactured home within five hundred feet (500') of tract listed above? () yes'\((_)) no
Does the property contain any easements whether underground or overhead () yes () no
Structures (existing or proposed): Single family dwellings: Manufactured Homes: Other (specify):
Required Residential Property Line Setbacks: Comments:
Front Minimum Actual 202
Rear
Closest Side
Sidestreet/corner lot
Rearest Building
Residential Land Use Application Page 1 of 2

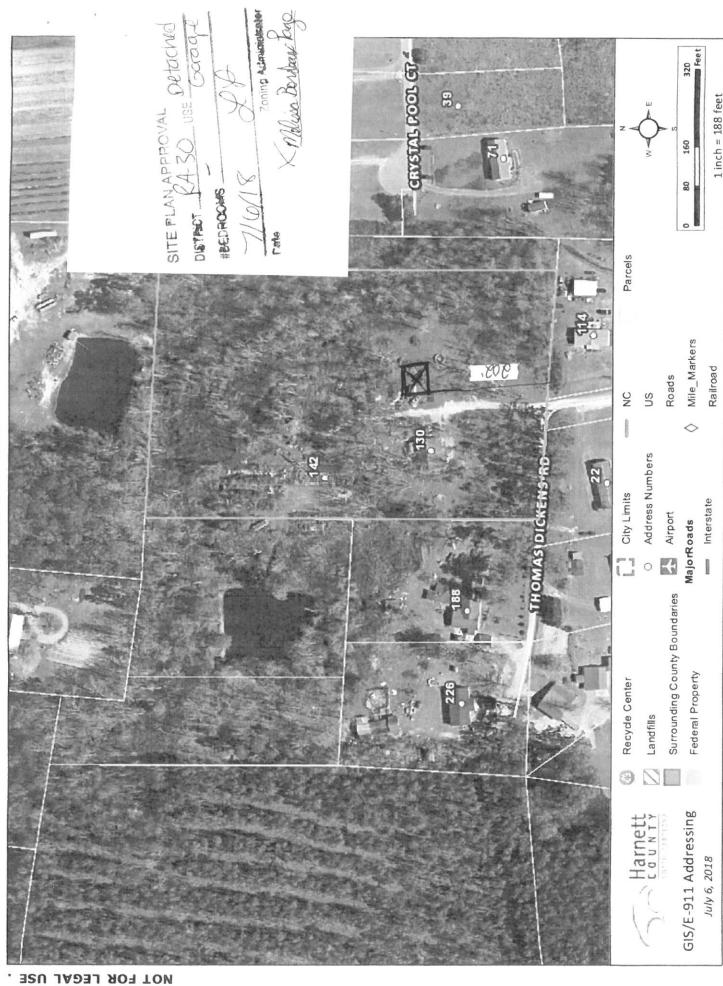
Page 1 of 2

APPLICATION CONTINUES ON BACK

SPECIFIC DIRECTIONS TO THE PROPERTY FROM LILLINGTON: LEAVING LIllington ON US 421 NOTH
towards Broadway of Mamers go Common as to Neill Thomas Ro
turn left, turn right onto Old US Hwy 421 go 1.5 miles,
turn right onto Thomas Dickens Road at end of
pravement Log house with red Roof. Site
will be down driveway of right hand side
of drive way across from log house
If permits are granted I agree to conform to all ordinances and laws of the State of North Carolina regulating such work and the specifications of plans submitted. I hereby state that foregoing statements are accurate and correct to the best of my knowledge. Permit subject to revocation if false information is provided. Signature of Owner or Owner's Agent
Date Date

^{***}It is the owner/applicants responsibility to provide the county with any applicable information about the subject property, including but not limited to: boundary information, house location, underground or overhead easements, etc. The county or its employees are not responsible for any incorrect or missing information that is contained within these applications.***

^{**}This application expires 6 months from the initial date if permits have not been issued**



NAME:	*	APPLIC	CATION #:	44436			
This application to be filled out when applying for a septic system inspection.							
County Health Department Application for Improvement Permit and/or Authorization to Construct IF THE INFORMATION IN THIS APPLICATION IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN THE IMPROVEMENT PERMIT OR ALTHORIZATION TO CONSTRUCT SHALL DESCRIBED.							
DEDIME OF ALTEROS	N IN THIS APPLICATION IS FALSIFIE IZATION TO CONSTRUCT SHALL BE intation submitted. (Complete site plan = 625 option 1	D, CHANGED, OR THE SITE IS	S ALTERED, TH	IEN THE IMPROVEMENT			
910-893-75	25 option 1	CONFIR	MATION #	28567-LL			
- Control Control	Treath New Septic System Code	800		7/1.110/			
mico mast b	y Irons must be made visible. Fee clearly flagged approximately every house corner flags, at each expense.	erv bil teet hetween corner	c				
out building,	out buildings, swimming pools, etc. Place flags per site plan developed at for Control Pormiting						
Flace orang	e Environmental Health card in loc	ation that is easily viewed for	rom road to se	salatia la a atta a series			
 Place orange Environmental Health card in location that is easily viewed from road to assist in locating property. If property is thickly wooded, Environmental Health requires that you clean out the <u>undergrowth</u> to allow the soil evaluation to be performed. Inspectors should be able to walk freely around site. Do not grade property. All lots to be addressed within 10 business days after confirmation. \$25.00 return trip fee may be incurred for failure to uncover outlet lid. 							
for failure to	O Uncover outlet lid mark house	corpore and property line	\$25.00 return	trip fee may be incurred			
/ intel prepari	o uncover outlet lid, mark house ng proposed site call the voice per	mitting evetem at 010 002	7FOF anting 4	A			
ooo lanci se	because nouncation permit it multip	e permits exist) for Enviror	nmental Healt	h inspection. Please note			
oomminution.	number given at end of recording ov or IVR to verify results. Once a	OF DEPOT OF PROUPS!					
Environmental i	Health Existing Tank Inspections	Code 800	al Permitting to	or permits.			
 Follow above 	instructions for placing flags and	ard on property					
 Prepare for 	inspection by removing soil over	utlet and of tank as disa	ram indicates	and lift lid straight up (if			
personal alle	then put lid back in place. (Unle	ss inspection is for a septic	tank in a mob	pile home park)			
 After uncove 	ring outlet end call the voice perm	itting system at 910-893-79	525 option 1.6	coloot potification name			
n manpic pe	ermits, then use code 800 for En	vironmental Health inspec	tion. Please r	note confirmation number			
• Use Click2Go	ov or IVR to hear results. Once app	royed proceed to Control I	Dormittin - for				
Accepted Accepted	ation to construct please indicate desired	system type(s): can be ranked	in order of prefe	rence, must choose one.			
{} Alternative	{} Inpovative	onventional {} Any					
question. If the answer	fy the local health department upon su is 'yes'', applicant MUST ATTACH	bmittal of this application if an SUPPORTING DOCUMEN	ny of the follow NTATION:	ving apply to the property in			
YES	Does the site contain any Jurisdicti	onal Wetlands?					
_ YES _ NO	Do you plan to have an irrigation s	stem now or in the future?					
_ YES _ NO	Does or will the building contain as	y drains? Please explain					
YES NO	Are there any existing wells, spring	s, waterlines or Wastewater S	ystems on this	property?			
}YES/ {} NO	Is any wastewater going to be gene		mestic sewage?				
YES () NO	Is the site subject to approval by an						
_ YES (_ NO	Are there any Easements or Right o						
/IYES [_] NO	Does the site contain any existing w						
/	If yes please call No Cuts at 800-63	2-4949 to locate the lines. Th	his is a free serv	vice.			
Have Read This Applica	tion And Certify That The Information	Provided Herein Is True, Com	plete And Corre	ct. Authorized County And			
tate Officials Are Grante	ed Right Of Entry To Conduct Necessar	Inspections To Determine Con	mpliance With	Applicable Laws And Rules			
The Site Accessible So Th	Solely Responsible For The Proper Ident at A Complete Site Evaluation Can Be I	ification And Labeling Of All I	Property Lines A	and Corners And Making			
Matin	B Por O	eriormed.		7.01-2015			
ROPERTY OWNERS	OR OWNERS LEGAL REPRESE	NTATIVE SIGNATURE (D	FOURED	7-06-2018			
	O STATE AND A RESE	SIGNATURE (R	EQUIKED)	DATE			